written informed consent. Patients from the intervention group received additionally to standard treatment, the SCION-HSCT program consisting of three modules: (a) Mobility/activity enhancement, (b) prevention of oral mucositis as well as (c) nutritional support. The program is emphasized on counseling and practical training for patients to collaborate actively within their treatment process. Patients in the controlgroup received standard care.

Primary endpoint is global HRQoL which is measured at discharge subjectively by patients with EORTC QLQ C30. Secondary enpoints are physical complaints like mobility deficits, mucositis and appetite loss. They are evaluated by CTCAE scale (Common Terminology Criteria for Adverse Events) version 3.0 by nurses. Futhermore we assess physical, social, emotional and role function of cancer patients (EORTC QLQ C30 subscales), physcial performance (GCOR-E-R and HFV), fatigue (FSI-D) subjectively rated by patients and resources consumption (e.g. hospital stay).

Results: The study will determine if SCION-HSCT program improves the self management skills of the patients during the period of hospitalization. It is hypothesized that patients who receive the multi-modular somatic-psycho-social care intervention will have better health related quality of life (HRQoL).

4155 ORAL

Using the Patient Generated Index (PGI) to elicit quality of life priorities in patients following curative treatment for colorectal cancer: experience from two lifestyle intervention development studies

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Background: Unmet needs at the end of treatment are known to influence longer term distress, therefore it is extremely important that oncology nurses are able to identify the concerns and priorities of individuals at this time. A number of screening tools have recently been developed for use in practice, in order to elicit patients' supportive care needs. These are based on pre-specified questionnaire items, so could be criticised for lacking the scope to address the diversity of patients' individual priorities and concerns. The PGI was originally designed to focus on the impact of a specific health condition on the individual's quality of life. Although not widely used in the cancer context, its validity and responsiveness for the colorectal cancer population has been demonstrated. This paper presents PGI data from two recent lifestyle intervention studies with this patient group, in order to illustrate the potential usefulness of this tool for practice.

Material and Methods: The PGI was used to collect quality of life data from the participants ($n = 100$) of two lifestyle intervention studies: ENJOY and LIVEWELL. Both aimed to improve diet and physical activity in patients who had recently completed curative treatment for colorectal cancer. Data was collected at baseline and at the end of the intervention.

The PGI asks patients to nominate the five areas of their life most affected by their cancer, and to rate and prioritise these, so as to elicit issues of most concern to them. Individual items and single index scores were analysed with the Statistical Package for Social Sciences (Versions 11 & 14), using a combination of descriptive statistics and non-parametric tests.

Results: In both studies, significant improvements in quality of life were seen between end of treatment and follow-up, adding strength to the validity of the PGI as an evaluation tool in this patient group. Patients' most prominent concerns included the impact of cancer on the family, being able to socialise and work, and living with a stoma. The PGI illustrated sensitivity to changes over time and was found to stimulate dialogue between patients and practitioners/researchers about key issues of importance to quality of life.

Conclusions: The PGI is an innovative and useful tool for eliciting the concerns of patients with cancer and assessing their relative importance. Understanding priorities and needs from the individual's point of view is an essential basis for supportive care in practice and in research.

Oral presentations (Mon, 21 Sep, 16:15–18:00)
Symptoms

4160 ORAL

A survey of joint aches, pains and muscle stiffness comparing women with and without breast cancer

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Background: Joint aches, pains and muscle stiffness (JAPaMS) have been reported to be a problem for some women after adjuvant treatment for breast cancer, however the extent and impact of this problem is unknown and the causes unclear. The purpose of this study was to determine the prevalence of JAPaMS in women following treatment for breast cancer in comparison with women of a similar age without breast cancer and to explore associations with cancer treatment.

Materials and Methods: Women attending the breast cancer follow up clinic over a period of 6 months and who had completed primary treatment completed the Nordic Musculoskeletal Questionnaire (NMQ), the Brief Pain Inventory (BPI), the SF-36 and demographic details. A comparison group were drawn from women attending a benign breast clinic and a mobile breast cancer screening unit.

Results: 274 women without cancer and 247 with cancer were recruited. The women with cancer were a mean of 27 months from diagnosis. 62% had wide local excision and 38% had mastectomy; 79% radiotherapy; 42% chemotherapy and 81% hormone therapy. The most common chemotherapy regimen was E-CMF and 7% were treated with taxanes. 68% had been treated with tamoxifen and 25% with aromatase inhibitors (AIs).

On the BPI 62% of women with breast cancer reported that they were experiencing pain '*today*' compared to 49% of women without breast cancer ($p < 0.005$). Furthermore, significantly more women with cancer also reported '*pain right now*' ($p < 0.006$).

Logistic regression analysis of the dataset showed that cancer ($p = 0.00$ odds ratio 1.9; CI 1.26, 2.87), age ($p = 0.03$ odds ratio 0.98; CI 0.96–1.00) and pre-existing arthritic conditions ($p = 0.00$ odds ratio 4.17; CI 2.49, 6.98) were predictive of pain. Marital status, BMI, prior surgery on joints or bones, educational level, other illnesses and menopausal status were found not to be predictors of pain.

In the cancer data set logistic regression analysis showed predictors of pain were taxane chemotherapy ($p = 0.03$ odds ratio 6.01; CI 1.21–29.90), aromatase inhibitors ($p = 0.02$ odds ratio 2.75; CI 1.21–6.26), tamoxifen ($p = 0.01$; odds ratio 2.47; CI 1.20–5.07) and lymphoedema ($p = 0.04$ odds ratio 2.03; CI 1.04–3.94).

Conclusions: This research shows that women who have been treated for breast cancer may experience significant problems due to JAPaMS and that there appears to be an association between the use of taxane chemotherapy, aromatase inhibitors or tamoxifen and pain.

4161 ORAL

Malignant fungating wounds: a survey of nurses' clinical practice in Switzerland

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Background: The care of individuals with a fungating malignant wound represents challenging cancer management not only for patients and their families but also for health care professionals. Understanding the difficulties faced by nurses when they care for patients with such a wound can help guide practice and service development. Little is known about this condition in terms of incidence or current clinical management. The aim of the study was to investigate how many patients with a malignant fungating wounds did nurses see and hat kind of difficulties in caring for patients with a malignant fungating wound did nurses experience.

Material and Method: A survey was conducted in three different geographical regions of Switzerland over a 6 month period.

Results: A total of 269 nurses participated in this survey. 57% of the participating nurses had received higher nursing education. Of all participants 75% indicated that they had not received any further education in fungating malignant wounds. A prevalence rate of fungating malignant wounds of 6.6% was reported. There was a difference in the perceived prevalence between the regions. Most of the patients who had these wounds were aged between 50 and 70 years The most frequent location for such wounds was with 49% the breast in women with breast cancer